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ABSTRACT

This paper summarizes Iveys Developmental Counseling and Therapy theory and includes practical applications of theory, discusses the general concepts of family counseling theories and the family systems continuum, summarizes the central theoretical constructs and goals and practical therapeutic techniques of Systemic Cognitive-Developmental Therapy, and provides classifications of cognitive-developmental orientations and family counseling interventions. Implications for counselors are considered. (Contains 27 references.) (Author/GCP)

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Integrating Family Counseling Theories and Techniques with Developmental Counseling and Therapy

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Abstract

The author will summarize Ivey's Developmental Counseling and Therapy theory including practical applications of the theory, discuss the general concepts of family counseling theories and the family systems' continuum, summarize the central theoretical constructs and goals and practical therapeutic techniques of Systemic Cognitive-Developmental Therapy, and provide classifications of cognitive-developmental orientations and family counseling interventions. Implications for counselors are considered.

Integrating Family Counseling Theories and Techniques with Developmental Counseling and Therapy

The counseling field has seen an increase of family counseling theories over the past 20 years (Ivey, Ivey, & Simek-Morgan, 1993). Family counseling does not refer to one specific theory, rather, it is a broad term that encompasses many theories that share similar concepts. Traditional approaches to counseling, such as, psychodynamic theory, cognitive-behavioral theory, and humanistic theory, have focused on the individual (Ivey, Ivey, & Simek-Morgan, 1993). Family counseling theories do not discount the individual. They recognize that individuals live within families, and the importance families have on the development of the individual.

The goal of family counseling like other counseling theories is to facilitate development. Ivey (1994) presents the Developmental Counseling and Therapy (DCT) theory, which is an extension or reinterpretation of Piaget's basic concepts that addresses the sequence and process of development. DCT can be used in assessment, treatment planning, and therapeutically.

Rigazio-DiGilio and Ivey (1994) combine the general concepts of family counseling theories and DCT to form Systemic Cognitive-Developmental Therapy (SCDT). SCDT is an integrative family theory that provides an environment for facilitating family growth, a theoretical integration of the various family counseling theories, a systemic framework for assessing the cognitive, behavioral, and emotional style of the family, and a framework for treatment planning oriented toward the family style. Although providing a framework for family counselors to assess the client family, SCDT does not provide any techniques, rather it relies on the counselor to integrate his/her preexisting knowledge of family counseling theories and techniques within the SCDT framework (Rigazio-DiGilio & Ivey, 1994).

In this manuscript, the author will summarize Ivey's Developmental Counseling and Therapy theory including practical applications of the theory, discuss the general concepts of family counseling theories and the family systems' continuum, summarize the central theoretical constructs and goals and practical therapeutic techniques of Systemic Cognitive-Developmental

Therapy, and provide classifications of cognitive-developmental orientations and family counseling interventions. Implications for counselors are considered.

Developmental Counseling and Therapy (DCT) Theory

Ivey provides a new interpretation of Piaget that illustrates how cognitive and affective development are manifested in the clinical and counseling interview and the counseling and therapy session (Ivey, 1990; Ivey, Ivey, & Simek-Morgan, 1993). According to Ivey's neo-Piagetian framework, the basic principles of childhood development repeat themselves again and again in the daily lives of children, adolescents, and adults. Development is continuous and thus developmental concepts are directly relevant to effective counseling and therapy (Ivey & Goncalves, 1987, 1988; Ivey & Ivey, 1990)

Developmental Counseling and Therapy (DCT) is not a new form of theory, rather, it is an attempt to integrate the basic developmental theory into clinical practice. DCT focuses on the client and to the holistic development of both the client and the counselor (Ivey & Goncalves, 1988). Developmental Counseling and Therapy integrates counseling theory and practice in both individual and family work (Ivey, Ivey, & Simek-Morgan, 1993). DCT provides a framework that aids the counselor to assess the client's development, to help expand and change the client's view of the world, to help the therapist to understand both normal and severe psychological difficulties, and to generate treatment plans (Ivey, Ivey, & Simek-Morgan, 1993). DCT can be used as an assessment technique, a therapeutic technique, and used in treatment planning.

Ivey and Ivey (1990) assert that there are four major tenets of DCT: "(1) it is possible to assess the cognitive developmental level of a client "on-the-spot" in the here and now of the interview; (2) it then becomes possible to expand horizontal and vertical development through matching or mismatching counseling theories and methods; (3) within the interview specific questions oriented to varying cognitive developmental levels facilitate different types of client talk; and (4) a combination of the first three concepts enables the generation of a comprehensive treatment plan" (p. 300).

DCT maintains that counselors must enter the world of the client and understand how the client constructs their knowledge and way of being in the world (Ivey, 1993; Ivey & Goncalves, 1988; Ivey, Ivey, & Simek-Morgan, 1993). In order for the counselor to enter the world of the client, the counselor must first assess the cognitive-developmental level of the client. Children, adolescents, and adults construct their view of the world based on four major cognitive-developmental levels which are anchored in the Piagetian concepts of sensori-motor, concrete operations, and formal operations. In addition to the three, DCT adds the dialectic/systemic level (Ivey, 1990; Ivey & Goncalves, 1988; Ivey & Ivey, 1990; Ivey, Ivey, & Simek-Morgan, 1993). Each of the four levels involves varying degrees of complexity of language and meaning; however the levels are not hierarchical (Ivey, 1993; Ivey, Ivey, & Simek-Morgan, 1993).

The sensorimotor level is characterized by focusing on the elements of immediate experience. Clients operating in the sensorimotor level present themselves in a random, disorganized, confused manner. They frequently jump from topic to topic and from emotion to emotion. They are often able to expérience their hurt and confusion fully at the body level (Ivey, 1990, 1993; Ivey & Goncalves, 1988; Ivey, Ivey, & Simek-Morgan, 1993). The concrete-operational level is characterized by situational descriptions. Clients operating from the concrete level will give concrete, linear descriptions of events, thoughts, and behaviors. The concrete client may display some causal if-then reasoning. The concrete client may lack self-reflection and the ability to see multiple perspectives as well as lack the ability to generalize from situation to situation (Ivey, 1990, 1993; Ivey & Goncalves, 1988; Ivey, Ivey, & Simek-Morgan, 1993). The formal level is characterized by self-reflection and analysis of patterns of thoughts, feelings, and behaviors. The formal client talks abstractly about themselves and is able to analyze their thoughts, feelings, and behaviors. They recognize patterns of behaviors and thoughts (Ivey, 1990, 1993; Ivey & Goncalves, 1988; Ivey, Ivey, & Simek-Morgan, 1993). The dialectic/systemic level is characterized by the integration of patterns of thoughts and emotions into a system. The dialectic/systemic client can see situations from multiple perspectives. They may be aware of

multicultural issues of gender, ethnicity, and religion and know how these factors may influence the their behavior (Ivey, 1990, 1993; Ivey & Goncalves, 1988; Ivey, Ivey, & Simek-Morgan, 1993).

After assessing the cognitive-developmental level of the client, the counselor can choose appropriate interventions and theories either to match or to mismatch the cognitive-developmental level of the client (Ivey, 1990, 1993; Ivey & Goncalves, 1987, 1988; Ivey & Ivey, 1990; Ivey, Ivey, & Simek-Morgan, 1993). Horizontal development occurs when the counselor helps the client expand their understanding at their current cognitive-developmental level, thus helping the client develop all of the resources of the stage at which he or she is operating. For example, if a sensorimotor functioning client enters counseling, it is important to match the client at the sensorimotor level and expand sensorimotor functioning before moving the client to concrete and formal understanding. Vertical development involves the counselor shifting styles to move the client to the other levels of development, thus helping the client expand developmental potential at other levels than the one at which he or she started. For example, after the counselor has helped the sensorimotor functioning client expand sensorimotor functioning, the counselor mismatches the client and helps the client move towards concrete understanding. (Ivey, 1993; Ivey & Goncalves, 1987, 1988; Ivey & Ivey, 1990; Ivey, Ivey, & Simek-Morgan, 1993). Regardless of where the counselor begins with the client, the objective of counseling is to help the client move through the different developmental levels. Effective counseling produces both horizontal and vertical development, thus helping the client explore and develop resources in each of the developmental levels (Ivey, 1993; Ivey & Goncalves, 1988; Ivey, Ivey, Simek-Morgan, 1993). The DCT questioning sequence can be altered and used throughout the counseling process to facilitate exploration at varying and predictable cognitive developmental levels (Ivey & Ivey, 1990; Ivey, Ivey, Simek-Morgan, 1993).

The counselor's cognitive-developmental level greatly influences the manner in which the client replies. Clients will talk about what the counselor attends to and clients will talk and act at

the cognitive-developmental level at which the counselor listens, asks questions, and conducts the session. The counselor's style of selective listening and focusing impacts how the client presents the issues. Using specific DCT questioning, the counselor can help the client to explore their issue at each cognitive-developmental level (Ivey, 1993; Ivey & Ivey, 1990; Ivey, Ivey, & Simek-Morgan, 1993).

Counselors can utilize the DCT model to organize a comprehensive developmental treatment plan after assessing the cognitive-developmental level of the client (Ivey & Ivey, 1990; Ivey, Ivey, & Simek-Morgan, 1993). The counselor can use the information gathered during the assessment interview to help generate treatment plans to either move the client horizontally and/or vertically.

Whether the counselor chooses to use the DCT model in assessment, treatment planning, and/or therapeutically, it is important to remember that central to DCT is the idea of co-construction. The counselor and the client are co-constructing the nature of the relationship and the goals of counseling throughout the counseling process (Ivey & Ivey, 1988; Ivey, Ivey, & Simek-Morgan, 1993). DCT provides an integrative approach to understanding individual development; however, it does not consider the individual within the family context. It is apparent that individuals live in a family. One cannot discuss the development of the individual without discussing the family.

General Family Counseling Concepts

Family counseling is not one specific form of theory but a broad term that encompasses many theories. The counseling field has seen an explosion of family counseling theories and interventions making it impossible to cover each in detail (Ivey, Ivey, & Simek-Morgan, 1994). Grunebaum and Chasin (1982) present a classification system which assumes that families can be seen from three different perspectives, historical, interactional, and existential. Although their classification system provides a comprehensive model of organizing the numerous family counseling theories, the categories may be too distinct and exclusive. Some family counseling

theories fit into more than one category. Another way of understanding the numerous counseling theories is through the family systems' continuum (Juhnke, 1994).

The family systems' continuum provides a framework for understanding how the various family counseling theories relate to each other. The family counseling theories that are present oriented, directive, short-term, behavioral, and place little emphasis on rapport fall on the left side of the continuum. As you move to the right of the continuum, the more important building rapport, fostering insight. clarifying past issues, and long-term therapy become.

Behavioral/strategic family theory and solution focus family therapy anchor the left end of the family systems' continuum. Behavioral/strategic theory is characterized by a here and now orientation and short term therapy. The strategic counselor initiates and designs the course of the counseling process according to the presenting problem and symptoms. Changing behavior is the main goal of therapy. Strategic therapists do not see rapport building as essential to the counseling relationship (Haley, 1987).

Solution focused family therapy falls next down the continuum. Solution-focused family therapy is characterized by a here and now orientation; it is action oriented; and it relies heavily on directives similar to the behavioral/strategic approach. It falls to the right of behavioral/strategic because unlike behavioral/strategic therapy where the therapist initiates and designs the course of the counseling process based on the presenting problem and symptoms, the solution focused therapist works with the client to determine what behaviors the client wants to change (O'Hanlon & Weiner-Davis, 1989).

Object relations family counseling theory anchor the right end to the family systems' continuum. The object relations counselor focus on building rapport and fostering insight. The essence of object relations theory is that people relate to people in the present partly on the basis of expectations formed by early experiences; therefore, fostering insight, making the unconscious conscious, and focusing on past issues are central to object relations theory. Due to its emphasis on fostering insight, object relations therapy tend to be long term (Nichols, 1987).

Structural, communication, extended family systems, and intergenerational family counseling theories fall down the continuum base on their emphasis on building rapport, time orientation, and fostering insight. Within the family systems' continuum is the flexibility to have various family counseling theories overlap (Juhnke, 1994).

The various family theories may differ in some aspects; however, all of them share a systemic worldview. In other words, general systems theory serves as the foundation of all family counseling theories. (Carlson & Fullmer, 1992; Goldenberg & Goldenberg, 2000; Griffin, 1993; Ivey, Ivey, & Simek-Morgan, 1993; Stoltz-Loike, 1992; Worden, 1994). General systems theory concludes that elements of a system are organized and predictable, families behave in a stable and predictable manner, and families are able to change as situations dictate. General systems theory also states that the family forms a single entity with its own characteristics, family members are bounded by time and space, hierarchies exist within families, families seek homeostasis, and families function according to feedback loops, by which individual family members influence the family and the family influences the individuals (Carlson & Fullmer, 1992; Goldenberg & Goldenberg, 2000; Stoltz-Loike, 1992).

In conclusion, the following general concepts appear to be a part of most family theories: (1) the family is the primary unit, (2) the family influences the individual, (3) the individual influences the family, (4) the family consists of subsystems, (5) every event within the family is determined by multiple forces operating within the system/subsystem, (6) families form repetitive patterns over time, (7) family members have family roles, (8) family is viewed in terms of interactions and relationships, and (9) the focus of family counseling is on the family system (Carlson & Fullmer, 1992; 1986; Goldenberg & Goldenberg, 2000; Ivey, Ivey, & Simek-Morgan, 1993; Stoltz-Loike, 1992; Worden, 1994). Because family systems are made up of individuals, it makes sense to integrate the concepts of DCT discussed earlier with the general concepts of family counseling theories in discussing the development and functioning of families.

Systemic Cognitive-Developmental Therapy: An Integrative Framework

Systemic cognitive-developmental therapy (SCDT) combines the general concepts of DCT and family counseling theories to form a new integrative theory that emphasizes the importance of providing a therapeutic environment that promotes family growth (Rigazio-DiGilio, 1993). SCDT focuses on the uniqueness of the family; it provides an array of alternative interventions; and it facilitates cognitive, behavioral, and emotional growth. SCDT proposes that families collectively move through the cognitive-developmental orientations similar to the DCT levels. The cognitive-developmental orientations include the sensorimotor family, the concrete-operational family, the formal-operational family, and the dialectic/systemic family. Families repeatedly progress through the four cognitive-developmental orientations over the life-time and families can become stuck and immobilized in one orientation. Families tend to frame a specific issue in one orientation. Although families can operate on all four levels, they tend to have a preferred orientation (Rigazio-DiGilio, 1993).

Families develop a collective worldview that organizes predictable ways of thinking, feeling, and acting that are anchored in one of the four orientations. The family uses its primary mode of operating to filter the way in which it views the world. A counselor can assess the cognitive-developmental orientation of the family through his/her listening skills and a questioning sequence which is quite similar to the questioning sequence used to assess an individual's cognitive-developmental level in DCT. According to SCDT, a functional family is able to balance its worldview and the changing environment. Families must be able to either integrate new situations and emotions into their existing worldview or modify their existing worldview to fit the new situation or emotion. Thus, a functional family can cope with new situations and emotions from their preferred orientation and also from each of the other orientations. Dysfunctional families tend to choose extreme methods of integrating new situations and emotions. They hold strongly to their preferred orientation and are unable to move and operate under the other orientations (Rigazio-DiGilio, 1993).

The role of the counselor in SCDT is very similar to the role of the counselor in DCT. The counselor must first assess the cognitive-developmental orientation of the family, including any blocks, and then co-construct with the family the relationship between the counselor and the family and the goals of counseling. Ultimately, the goal of SCDT is to assist the family to function effectively within and among the four cognitive-developmental orientations, to empower the family to view their issues from multiple perspectives, and to generate solutions that are appropriate for the developmental needs of the family (Rigazio-DiGilio, 1993).

Similarly to DCT, SCDT begins the counseling process with a structured interview that identifies the family's cognitive-developmental orientation. Once the family's orientation has been identified, the counselor creates an environment helping the family use multiply orientations to explore different perspectives of the presenting issue. As in DCT, SCDT encourages change through horizontal movement, where the counselor helps the family elaborate and explore resources at their current orientation of functioning, and/or vertical movement, where the counselor helps the family move to and function at the other cognitive-developmental orientations. SCDT does not offer new techniques beyond the specific questioning sequence; however, it does integrate methods from other family approaches within a cognitive-developmental framework (Rigazio-DiGilio, 1993).

SCDT provides a new innovative theory and practice that integrates existing family counseling theories and techniques. It provides family counselors a framework to integrate the techniques of various approaches using a developmental perspective. SCDT can be used for assessment, treatment planning, and therapeutically (Rigazio-DiGilio, 1993).

Cognitive-Developmental Orientations and Family Counseling Interventions

Because SCDT does not offer new techniques beyond the specific questioning sequence, family counselors must use the techniques of other family counseling theories within the SCDT framework. Many interventions fit into multiple orientations. It is the intentional use by the counselor that determines the influence of the intervention on the family (Rigazio-DiGilio,

1993). For example, the genogram activity can be used to help the family identify interpersonal closeness (sensorimotor), to organize family information (concrete-operational), to analyze repeating patterns (formal-operational), and to bring to awareness cultural and intergenerational influences (dialectic/systemic).

Sensorimotor orientation

Interventions that either match or help the client family move to the sensorimotor orientation include: genogram, family photos, family sculpture, unbalancing techniques, art therapy, dance and movement therapy, and the SCDT questioning sequence. A genogram provides a graphic picture of the family history over at least three generations. The genogram can be used to reveal the family's basic structure, demographics, functioning, and relationships (McGoldrick & Gerson, 1985; Smith, 1992; Worden, 1994). A SCDT counselor can use the genogram activity to expand or move the family into the sensorimotor orientation by focusing on feelings the family is experiencing while creating the genogram and discussing family relationships.

The family photo technique involves having family members bring in family albums, photos, slides, or videos and having family members discuss the emotional significant of the events or what feeling each family member is experiencing as they reflect on the picture (Goldenberg & Goldenberg, 2000; Smith, 1992). The intentional use of appropriate questions, silence, and reflections can help families either expand their functioning in the sensorimotor orientation or move toward the sensorimotor orientation.

Family sculpture is a re-creation of the family system that represents relationships to one another at a specific period in time. The family is asked to sculpt their family by physically arranging the family, paying attention to distancing and body positions (Smith, 1992). The counselor can use family sculpture to elicit powerful feelings from the family during the sculpting and afterwards as they discuss the final product.

The "unbalancing technique" is used by the counselor to create a disequilibrium within the family system (Ivey, Ivey, & Simek-Morgan, 1993). The counselor purposefully chooses to side with one family member, creating a disequilibrium with the hopes that the other family members will emotionally respond to the disequilibrium.

Counselors can use art therapy techniques to have family members draw images of their family or have family members jointly draw their family (Ivey, Ivey, & Simek-Morgan, 1993). The counselor can help the family explore their feelings about their drawing as well as their feelings about the drawings of other family members.

The SCDT questioning sequence is not only an assessment tool. It can also be used therapeutically. Anytime during the counseling process, the counselor may choose to use the SCDT questions to help the family explore their sensorimotor orientation.

Concrete-operational orientation

Interventions that either match or help the client family move to the concrete-operational orientation include: genogram, family sculpture, homework assignments, "going home" technique, miracle question, fast forwarding questioning, communication skills training, exceptions to the problem, and the SCDT questioning sequences. The process of constructing a family genogram can help expand either the concrete-operational family or it can help move a family to the concrete-operational orientation. Drawing the genogram, putting names and dates on the symbols, and delineating family relationships can be a very concrete activity.

Family sculpting, like the genogram, can be very concrete-operational. The task of creating the family sculpture, arranging the body position of various family members, and distancing the family members can be a very concrete task. Counselors can also help maintain the concrete-operational orientation by asking concrete questions such as: What are you doing? What does the family sculpture look like? What are the other family members doing?

Homework assignments, the "going home technique" which involves having the client return to his/her family of origin and record interactions between family members, the use of the

miracle question, and fast forwarding questions, and communication skills training, all help the client family explore or move into the concrete-operational orientation. These interventions help the client family organize family information, form concrete, tangible responses to specific questions and assignments, and provide straightforward directives for the family members to carry out. The SCDT questioning sequence can also be used to elicit concrete-operational responses from the client family.

Formal-operational orientation

Interventions that either match or help the client family move to the formal-operational orientation include: genogram, family sculpture, reframing, relabeling, "going home" technique, and the SCDT question sequences. The genogram can be used to help explore family patterns. Throughout the genogram activity, the counselor can ask questions that will direct the family to look for and analyze family patterns. Like the genogram, the family sculpture can also help analyze family patterns. The counselor can help the family discuss the different relationships that are evident in the family sculpture. By having each family create their own family sculpture, the counselor can help the family see repeated patterns.

The counselor can help the family explore alternative family patterns by reframing and relabeling the family's problems, concerns, and behaviors (Ivey, Ivey, Simek-Morgan, 1993; O'Hanlon & Weiner-Davis, 1989; Smith, 1992). By reframing the family's statements and behaviors, the counselor is offering a different perspective; the counselor is helping the family take something out of its logical class and place it in another category. In providing a different perspective, the counselor is not only helping the family see their family patterns but helping the family think and behave differently.

Dialectic/systemic orientation

Interventions that either match or help the client family move to the dialectic/ systemic orientation include: genogram, family sculpture, reframing, relabeling, circular questioning,

challenging family norms, and the SCDT question sequences. In discussing the genogram, the counselor can help the client family become aware of interfamilial and intrafamilial influences. The family sculpture can also be used to help the family see interfamilial and intrafamilial influences.

Reframing/relabeling, which gives the family a different perspective, circular questioning, which helps family members take another family member's perspective (O'Hanlon & Weiner-Davis, 1989; Smith, Thys, & Ryan, 1992), and challenging family norms all help the client family explore the dialectic/systemic orientation by helping the family members see that there are different perspectives on behaviors. Each family member and the counselor may view situations and behaviors differently. Although the family members share a common background, there are other outside influences on the individual family member that contribute to the individual's unique development. The combination of family and outside influences results in the development of an individual with his/her own way of thinking, behaving, and feeling.

The SCDT questioning sequence can be used throughout the counseling process therapeutically to help family members progress and explore their concerns and issues in each of the four orientations. There are many other family counseling interventions that can be adapted into the SCDT framework. The specific intervention is not as important as the manner in which the counselor intentionally chooses to use the interventions. Many interventions can be used in multiple orientations. It is up to the skilled, intentional counselor to decide what intervention to use when, and how to use the intervention that would be the most beneficial for the family.

Discussion

The Developmental Counseling and Therapy model and family counseling theories naturally fit together to form Systemic Cognitive-Developmental Therapy, a new family counseling theory that places the general concepts of family/systems theory within the DCT framework. SCDT provides an alternative paradigm for the assessment, treatment, and conception of family issues that builds on preexisting family counseling theories and techniques.

Although SCDT does not offer any new interventions besides a specific questioning sequence, it does provide a framework for using the existing interventions in a new context. When the counselor asks the family to construct a genogram, the counselor is not merely asking for a family tree. Within the SCDT model, the counselor can use the genogram to understand the preferred orientation of functioning for each of the family member and the family as a whole. Additionally, the counselor can have the family members think about the preferred orientation of functioning for other family members on the genogram to facilitate communication and understanding among the various family members.

The SCDT model provides an innovative and integrative theory of family counseling that does not discount other family counseling theories but provides a framework that recognizes the importance of the various perspectives within each of the four orientations. Although many interventions can be used in multiple orientations, there are some interventions associated with certain family counseling theories that appear to fit better with one particular orientation. For example, mediation, body work, and gestalt approaches to family counseling appear to fit nicely within the sensorimotor orientation. Behavioral, reality therapy, problem-solving, strategic, solution-focused, and structural approaches to family counseling can be most helpful within the concrete-operational orientation. Cognitive, client-centered, structural, psycho-dynamic, and constructivism approaches to family counseling align nicely with the formal-operational orientation. Feminist theory, cultural identity theory, and most family counseling theories will help the counselor in the dialectic/systemic orientation. The SCDT model provides a framework for selecting interventions most appropriate to the client family, thus most likely to yield successful outcomes of counseling.

The SCDT model of family counseling is an advanced theory, which may intimidate beginning counselors. Counselors-in-training and novice counselors look for concrete directives and find comfort in theories that instruct them on how to do counseling. SCDT provides no clear direction but a framework for the counselor to build on. Although SCDT provides an excellent

framework and a questioning sequence that will easily aid the counselor in assessing the family's preferred orientation and blocked orientations, it provides no additional information to assist the counselor in choosing the appropriate intervention other than suggesting either horizontal or vertical movement. A counselor-in-training or novice counselor may know that the best intervention for the client family is to match the client family at the sensorimotor orientation; however, within the sensorimotor orientation, the counselor may not know enough about the various interventions to choose a genogram, movement therapy, or a gestalt approach. The SCDT's reliance on counselors to use the techniques of other family counseling theories within the SCDT framework assumes that counselors already have knowledge of other counseling theories and techniques which may not be true for counselors-in-training or novice counselors.

The SCDT model can be very helpful for advanced family counseling counselors who already have many intervention skills in their repertoire. However, for counselors-in-training and novice counselors who are just beginning to learn family counseling interventions, the idea of coming up with a number of interventions to help the family move along the orientations can be somewhat overwhelming.

Overall, the SCDT model is a new innovative theory of family counseling. It provides a theoretical framework for counselors to understand their client family within a developmental perspective. In addition, SCDT provides a framework for integrating various family counseling theories and techniques into a treatment plan. SCDT facilitates cognitive, behavioral, and emotional growth within the family system. The SCDT model is unique in that it offers a framework for assessment, treatment, and conception of family issues.

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